


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000548</b> 1. Entity Name PLATT PLANT PROPERTY, LLC	
---	---

Principal Place of Business 9000 N 18TH ST SUITE A TAMPA, FL 33604	Mailing Address 9000 N 18TH ST. SUITE A TAMPA, FL 33604
---	--

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3618248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AZZARELLI, THOMAS  
9000 N 18TH ST.  
SUITE A  
TAMPA, FL 33604

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, DOUG W 4504 DREXEL ROAD LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AZZARELLI PROPERTIES, INC. 9000 N 18TH ST. SUITE A TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARRIOR, REX J III 300 W. PLATT STREET STE. #100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AZZARELLI, THOMAS J 100 W. KENNEDY BLVD. #720 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, GUY III 2904 BAYSTONE COURT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000621439  
02/12/07-80017-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **1/10/07** **813-985-9569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #